

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69007	12/10
O.I.P.E. CLASSIFIER			12-17-99
FORMALITY REVIEW			12-31-99
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	11/18/01	
2	✓	11/18/01	
3	✓	11/18/01	
4	✓	11/18/01	
5	✓	11/18/01	
6	✓	11/18/01	
7	✓	11/18/01	
8	✓	11/18/01	
9	✓	11/18/01	
10	✓	11/18/01	
11	✓	11/18/01	
12	✓	11/18/01	
13	✓	11/18/01	
14	✓	11/18/01	
15	✓	11/18/01	
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25	✓	11/18/01	
26	✓	11/18/01	
27	✓	11/18/01	
28	✓	11/18/01	
29	✓	11/18/01	
30	✓	11/18/01	
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46	✓	11/18/01	
47	✓	11/18/01	
48	✓	11/18/01	
49	✓	11/18/01	
50	✓	11/18/01	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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